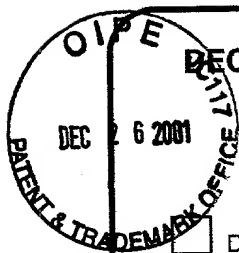


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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PET-01C

First Named Inventor

Cobb, David M.

## COMPLETE IF KNOWN

Application Number

09/845,046

Filing Date

04/26/2001

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Systems and Methods for Tracking Administration of Medical Products

(Title of the Invention)

the specification of which



is attached hereto

OR,



was filed on (MM/DD/YYYY)

04/26/2001

as United States Application Number or PCT International

Application Number

09/845,046

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

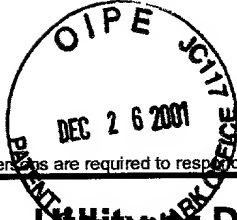
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **24985** OR ☐ Correspondence address below

Name

Address

City

State

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Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :** ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])  
**David M.**Family Name  
or Surname  
**Cobb**Inventor's  
Signature  
*Dave Cobb*

Date

Bethlehem

PA

USA

USA

Residence: City

State

Country

Citizenship

Mailing Address 3960 Long Drive

Bethlehem

PA

18020

USA

City

State

ZIP

Country

**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])  
**Stephen W.**Family Name  
or Surname  
**Pettit**Inventor's  
Signature  
*Stephen W. Pettit*

Date

Suwanee

GA

USA

USA

Residence: City

State

Country

Citizenship

630 Newhaven Dr.

Mailing Address

Suwanee

GA

30024

USA

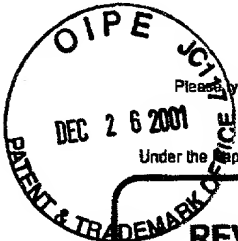
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State

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☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☒

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/845,046
Filing Date	04/26/2001
First Named Inventor	Cobb, David M.
Group Art Unit	
Examiner Name	
Attorney Docket Number	PET-01C

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

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Individual Name

Address

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Country

State

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name Stephen W. Pettit

Signature

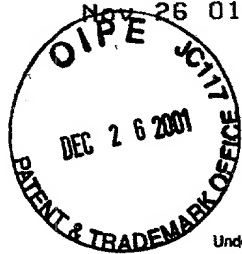
Date

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☒ Total of 2 forms are submitted.

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PTO/SB/82 (10-00)

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**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	09/845,046
---------------------------	------------

<b>Filing Date</b>	<b>04/26/2001</b>
--------------------	-------------------

First Named Inventor	Cobb, David M.
----------------------	----------------

**Group Art Unit**

**Examiner Name**

Attorney Docket Number PET-01C

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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**OR**

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**OR**

☐ Firm or Individual Name**Address****Address**

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Country

State

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**Telephone**

Fax \_\_\_\_\_

**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

**David M. Cobb**

**Signature**

Date Colob

Date \_\_\_\_\_

11-24-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/845,046
Filing Date	04/26/2001
First Named Inventor	Cobb, David M.
Group Art Unit	
Examiner Name	
Attorney Docket Number	PET-01C

I hereby appoint:

☒ Practitioners at Customer Number

24985

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
**SIGNATURE of Applicant or Assignee of Record**

Name	David M. Cobb
Signature	<i>David Cobb</i>
Date	11-24-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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AUTHORIZATION OF AGENT**

Application Number	09/845,046
Filing Date	04/26/2001
First Named Inventor	Cobb, David M.
Group Art Unit	
Examiner Name	
Attorney Docket Number	PET-01C

I hereby appoint:

☒ Practitioners at Customer Number ☐ Practitioner(s) named below:

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Stephen W. Pettit

Signature

Date

11/24/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☒ Total of 2 forms are submitted.

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